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ABSTRACT

There is a critical need for culturally appropriate community-based services in the black community to stop the spread of Acquired Immune Deficiency Syndrome (AIDS) and to support those with the disease. AIDS is a priority health and social services issue for black New Yorkers, affecting not only individual men and women but whole families. However, the traditional approaches to health service delivery and outreach used by successful organizations like the Gay Men's Health Crisis are culturally incompatible with the black community. The majority of blacks contract AIDS either directly or indirectly through intravenous drug use. Many heterosexual blacks do not realize that they are at risk for AIDS due to the public perception that AIDS is limited to gay white males. Recommendations for State programs in the following areas are outlined: (1) residential drug treatment centers; (2) health care; (3) representation, funding, and professional development for existing community-based services; (4) culturally appropriate approaches to education; (5) education of black women about the risks; (6) foster care for black children with AIDS and drug-using parents; (7) social service delivery; and (8) housing for persons with AIDS. (FMW)

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AIDS IN THE BLACK COMMUNITY

PROGRAMMATIC DIRECTIONS FOR NEW YORK STATE

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Gov. Adv. Committee for Black Affairs

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PRELIMINARY REPORT
HUMAN SERVICES SUBCOMMITTEE

THE GOVERNOR'S ADVISORY COMMITTEE FOR BLACK AFFAIRS

JULY 1987

MARIO M. CUOMO
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BERNARD L. CHARLES
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July, 1987

STATE CAPITOL
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ALBANY, NY 12224

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NEW YORK, NY 10047

Dear Governor Cuomo:

I submit to you the urgent report of the Human Services Subcommittee, AIDS IN THE BLACK COMMUNITY: PROGRAMMATIC DIRECTIONS FOR NEW YORK STATE.

The Human Services Subcommittee identified AIDS as a priority public health and social service issue for New York State, where the deadly disease has reached the Black community in epidemic proportion, often affecting whole families.

AIDS does not discriminate. It has permeated all segments of society. The public perception that AIDS is limited to white, gay males is no longer based on fact.

Having spread to children, nearly 60 percent of the total pediatric AIDS cases in New York are Black. AIDS has made tenuous the very future of the Black community.

The impact of AIDS on a community besieged by social and economic problems is particularly devastating.

The Human Services Subcommittee strongly urges immediate concerted action to target culturally sensitive and appropriate AIDS prevention and education programs for Black New Yorkers--efforts which have not been forthcoming on the State level.

The recommendations offered in this Executive Summary report focus on the critical need for drug treatment and health care delivery of culturally appropriate AIDS-related social services. The Subcommittee also calls for State support of Black professionals in AIDS research, service provision, foster care, case management and housing.

Targeted State action coordinated with Black community-based organizations can better support those stricken with AIDS and further stem the spread of the deadly disease among Black New Yorkers.

Respectfully submitted,

Bernard L. Charles
Chairman

State of New York

Executive Chamber

No. 66

E X E C U T I V E O R D E R

ESTABLISHING A GOVERNOR'S ADVISORY COMMITTEE FOR BLACK AFFAIRS

WHEREAS, members of the Black community have contributed significantly to the State and its government to the benefit of all of the people in the State; and

WHEREAS, the State must continue to be responsive to the special needs and concerns of its Black residents; and

WHEREAS, a mechanism must be established to ensure that members of the Black community have opportunities to participate in all levels of government;

NOW, THEREFORE, I, Mario M. Cuomo, Governor of the State of New York, by virtue of the authority vested in me by the Constitution and the Laws of the State of New York, do hereby order as follows:

I. Governor's Advisory Committee for Black Affairs

There is hereby created a committee to be known as the Governor's Advisory Committee for Black Affairs (the "Committee"). The members of the Committee shall be appointed by the Governor. A chairperson and vice chairperson shall be designated by the Governor. The members of the Committee shall receive no compensation, but shall be entitled to reimbursement for any necessary expenses incurred in connection with the performance of their duties. The Governor shall designate an executive director of the Committee who shall be responsible for its administrative functions.

II. Purpose and Responsibilities of the Committee

1. The Committee shall identify and evaluate areas of particular concern to the Black community and submit recommendations to the Governor for his review. The Committee shall place special emphasis on the following areas:

a. development of increased opportunities for involvement of Blacks in all aspects of State government.

b. coordination of resources to create effective educational, vocational and health training programs.

c. evaluation of policy decisions affecting the Black community.

d. evaluation of programs and services provided by State agencies and their impact on the Black community.

e. development of awareness programs to assist members of the Black community in identifying and participating in programs sponsored by the State and local governments.

2. The Committee shall create a panel, whose members shall be designated subject to the approval of the Governor, to address the unique concerns of the Black family, with particular emphasis on households headed by Black women. The Commissioners of Human Rights, the Director of the Women's Division and the Executive Director of the Council on Children and Families or their designees shall provide assistance and advice to the panel.

3. The Committee shall establish subcommittees, which shall make recommendations concerning the special needs of various Black cultural and ethnic populations, including the Caribbean community. Such subcommittees shall periodically submit reports to the Committee for its consideration and adoption.

4. The Committee, in conjunction with the Governor's Executive Committee for Affirmative Action, shall review the implementation of affirmative action programs designed to increase employment opportunities for Blacks in State government.

5. The Committee shall report on a regular basis to the Governor on its activities.

6. The Committee may request and shall receive from any department, division, board, bureau, commission or agency of the State such assistance and data as will enable it to carry out its purpose and responsibilities hereunder.

G I V E N under my hand and the Privy Seal of the State in the City of Albany this fifth day of June in the year one thousand nine hundred eighty-five

L/S

/s/ Mario M. Cuomo

BY THE GOVERNOR

/s/ Michael J. Del Giudice
Secretary to the Governor

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July, 1987

STATE CAPITOL
2ND FLOOR
ALBANY, NY 12224

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NEW YORK, NY 10047

Dear Chairman Charles:

On behalf of the Human Services Subcommittee of the Governor's Advisory Committee for Black Affairs, it is my pleasure to present the Executive Summary of our paper, AIDS IN THE BLACK COMMUNITY: PROGRAMMATIC DIRECTIONS FOR NEW YORK STATE, one of four policy papers which comprise the Human Services Subcommittee Report.

The impact of AIDS on a community already burdened by social and economic problems is devastating. Immediate policy and programmatic attention, specifically targeted toward families, is critical. We must move with all due speed to stop the spread of AIDS and to support those stricken with the deadly disease.

The Human Services Subcommittee focused on the particular social service issues related to AIDS. The recommendations accordingly emphasize the critical need for drug treatment, health care, delivery of culturally appropriate AIDS-related social services and education, the development of Black professionals in research and service provision, foster care, case management and housing.

Sincerely,

James B. Dumpson

Dr. James Dumpson, Chair
Human Services Subcommittee

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Mr. Rogers is the Executive Director of Louise Wise Services, a voluntary non-profit child welfare agency in New York City. Prior to this he was the Associate Executive Director and Director of Foster Care Services of the Childrens Aid Society for ten years. Mr. Rogers has served as Assistant Deputy Administrator of Program Development for the Human Resources Administration and Assistant Deputy Commissioner of the New York City Department of Social Services. Mr. Rogers has also worked as child welfare worker, psychotherapist, staff supervisor and social work coordinator of a community mental health program.

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James Satterwaite is the Executive Director of the Child Protective Service Academy of the New York Human Resources Administration. Satterwaite is the former Executive Director of Family Dynamics Inc, a child welfare agency, Director of staff development at the Human Resources Administration and Staff Director of the New York City Mayor's Task Force on Foster Care. He has taught at Commonwealth University in Virginia and Columbia University School of Social Work. His professional affiliations include the National Association of Social Work, the Association of Black Social Workers and the Council on Social Work Education. Mr. Satterwaite received his Masters Degree from Columbia University and is currently a doctoral candidate at Fordham University.

CHARLES TRENT

Dr. Trent is the Executive Director of the Harlem Committee On Aging, Inc. in New York City. He teaches on an adjunct basis at Yeshiva University, New York University School of Social Work, the Brookdale Center on Aging, the Council on Social Work Education and the National Institute of Mental Health. He has served an an officer in a number of child welfare and health organizations and is currently an Advisory Board Member of the New York Community Trust Center on Social Policy and a member of Borough President David Dinkins, Senior Citizens Advisory Board. Dr. Trent received his D.S.W. from Fordham University.

The Human Services Subcommittee of the Governor's Advisory Committee for Black Affairs has identified AIDS (Acquired Immune Deficiency Syndrome) as a priority public health and social service issue for New York State. The impact of AIDS on a community already burdened by social and economic problems is particularly devastating, affecting not only individual men and women but often whole families. Immediate policy and programmatic attention-- specifically targeted to families--is needed now to stop the spread of AIDS and to support those with the deadly disease.

The majority of Blacks with AIDS in New York are men (83 percent). AIDS has become the leading cause of death among Black men in their 30s. Black women account for 52 percent of the total diagnosed AIDS cases among women. The majority of Black women with AIDS are poor, single mothers, living in New York City. Most have contracted AIDS through current or past intravenous (IV) drug use or through sexual contact with drug users or bisexual men. Women with the disease pass the virus to their babies during the perinatal period, consequently nearly 60 percent of the total pediatric AIDS cases in New York are Black children.

Despite the spread of AIDS in the Black community at an alarming rate, concerted efforts to target culturally sensitive and appropriate AIDS prevention and education programs to the Black community have not been forthcoming on the State level. Without such programs, Black New Yorkers could face an epidemic similar to that now experienced by Blacks in a number of African countries.

AIDS does not discriminate. It has permeated all segments of society. Public perception that AIDS is limited to gay, white males is no longer based on fact.

- o One out of every four Americans with AIDS is Black.
- o Half of all women with AIDS are Black.
- o Three out of every ten children with AIDS are Black.

Having spread to children, AIDS has made tenuous the very future of the Black community. This debilitating disease is a critical problem among Black New Yorkers, affecting not only individual men and women, but often whole families.

Due to the nature of the disease, AIDS patients are particularly high users of medical and social services. The following recommendations focus on the critical need for drug treatment, health care, delivery of culturally appropriate AIDS-related social services and education the development of Black professionals in AIDS research and service provision, foster care, case management and housing.

RESIDENTIAL DRUG TREATMENT CENTERS

The average waiting period for admission into residential drug treatment programs is 4-6 months.

- o The State must make financial and other resources available to expand and develop drug treatment programs in the Black community.
- o Pregnant women who present themselves for drug treatment should be accepted immediately.

- o Resources to support research on the techniques for reaching and modifying the risk behavior of intravenous drug users IVDUs -- such as needle sharing -- which contribute to the spread of AIDS must be made available. Community-based organizations should be integral actors in these research efforts.

HEALTH CARE

Access to advances in health care may be more limited for Blacks with AIDS because of the high cost of medication and treatment, lack of insurance and underinsurance.

- o The State must develop a mechanism through which the cost of treatment and medication are absorbed for patients without third-party coverage.

- o Provisions must be made in insurance to cover custodial care.

REPRESENTATION, FUNDING & PROFESSIONAL DEVELOPMENT

Black community-based organizations that provide AIDS-related services are few; however, those that exist are underfunded. Currently, there are very few Black AIDS-related specialists and few Blacks associated with already established AIDS service agencies. Blacks are also underrepresented on policy-making bodies addressing the AIDS crisis.

- o The State should immediately increase the representation of Blacks on planning, policy-making bodies, councils and committees addressing the issue of AIDS.

- o The State must allocate direct funding and develop Requests For Proposals (RFPs), specifically aimed at Black social service agencies,to conduct education and provide other AIDS-related services for Blacks.

- o The State must make resources available and develop RFPs for training Black community-based providers to work with people with AIDS. Additional funding is required to develop Black specialists to conduct training.

- o The State must identify and support Black organizations that are willing to expand their service provision to include AIDS-related work. Related to this is the need to improve the dissemination of RFPs among Black social service agencies in Black communities.

A CULTURALLY APPROPRIATE APPROACH TO EDUCATION

There are particular aspects of AIDS-related education that require a culturally appropriate approach when the intent is to impact, either directly or indirectly, the Black community. A massive and continuing public education campaign is needed to stop the spread of HIV transmission.

- o The State should utilize the contract mechanism to support the efforts of Black community-based organizations to conduct health education in the Black community, particularly when the content involves sexual behavior and drug use.

- o Appropriate State agencies should develop, in concert with Black community-based organizations, model educational materials and strategies that are culturally compatible for the Black community.

- o Appropriate State agencies should also identify and develop, in coordination with Black community-based organizations, relevant mass media campaigns targeted for the Black population.

BLACK WOMEN

AIDS poses a definite challenge to the physical and psychoemotional health of Black women (Primm 1986). A woman must assess her risks responsibly to the best of her ability, so that her health and psychoemotional being are not jeopardized. Condoms are strongly recommended as a preventive mechanism.

- The State must initiate an aggressive public education program and mass media campaign through appropriate agencies, including the Department of Education, to encourage the use of condoms among men and women. The campaign should be culturaly appropriate to the Black community. A more focused strategy should be used to reach Black teenagers.

BLACK CHILDREN

Thousands of Black children in New York already need foster care placement. Children with AIDS or AIDS-related complex (ARC) will be the most difficult to place.

- The State should explore and develop alternative foster care arrangements and offer incentives for placement of children with AIDS, ARC and IV-drug abusing parents.

- The State must allocate resources for the case management needed by families in which parents are IVDUs and one or more children have been physically or mentally handicapped by AIDS or ARC.

SOCIAL SERVICE DELIVERY

Both short-term support and long-term service delivery strategies must be developed at the State level to ensure that social services are available and accessible in Black communities, particularly given the projected increase in the numbers of persons with AIDS in the Black community, and their need for a wide range of services.

- o The State must ensure the coordinated delivery of a full range of support services in Black communities with comprehensive case management. In order for case management to be effective, adequate resources for income maintenance, housing, psychosocial support and homecare, directly targeted for these communities, must be made available. Case managers, in order to be accessible to Blacks with AIDS, must be located in a variety of settings, including emergency rooms of public hospitals where most Blacks with AIDS are first diagnosed, welfare hotels, shelters and drug treatment centers. Mobile teams need to be developed to work in Black communities to respond to persons with AIDS who are unable to advocate for themselves.

- o The State must allocate resources for the development of home care services for Blacks with AIDS or ARC. In the Black community, where home care services are especially lacking, service agencies should be identified and supported to develop home care services for this population. Many home care service providers in New York are Black. Efforts should be made to recruit some of these already trained providers to receive additional training on AIDS-related care. Home care services for persons with AIDS would include home attendants, social work, bereavement counseling, skilled nursing, hospice and case management. The State must make available funding to supplement Medicaid provisions for these services.

- o Psychosocial support for persons with AIDS is currently provided to a limited degree by hospital social work departments and gay community organizations. The State must ensure that resources are allocated for Black community-based organizations to develop and deliver these supports as an integral component of other AIDS-related programs. Psychosocial support consists of counseling, advocacy, crisis intervention and practical assistance with daily living.

HOUSING

- o Community-based organizations, substance abuse agencies and other public service groups should be approached to sponsor housing programs in Black communities for persons with AIDS who no longer require hospitalization. At a minimum, the State should sponsor such programs, contracting with Black community-based organizations for the costs of administration, social services and rent. These housing programs should integrate community-based social services.

The need for State and local focus on the issue of AIDS in the Black community is critical. Established and proven-successful AIDS service components of organizations such as the Gay Men's Health Crisis (GMHC), have failed to meet the particular needs of Blacks. The traditional approaches used by such organizations are ineffective for Blacks at high risk for AIDS, primarily due to cultural incompatibility of services and outreach. In the Black community the majority of the people with AIDS have contracted the disease either directly or indirectly as a result of IV drug abuse. Ironically, it has been suggested that the increase in the use of "crack" is partially a result of this highly addictive drug being marketed on the street as an alternative to IV drug use.

Many heterosexual Blacks do not realize they are at risk for AIDS. The public's perception that one is not at risk if one is not a white, gay male or an intravenous drug user is only beginning to change. There is a critical need for innovative programmatic interventions both to stop the spread of AIDS and to support those with this disease. The need for community-based social services in this effort is especially pronounced in the Black community.